



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

February 21, 2007

Nathan Smith, Administrator
Hillcrest
1093 S Hilton
Boise, ID 83705

License #: RC-603

Dear Mr. Smith:

On December 6, 2006, a life safety code survey was conducted at Hillcrest. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Taylor Barkley". The signature is fluid and cursive.

TAYLOR BARKLEY
Team Leader
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/slc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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December 13, 2006

Eric Bultez, Administrator
Hillcrest
1093 S Hilton
Boise, ID 83705

Dear Mr. Bultez:

On December 6, 2006, a life safety code survey was conducted at Hillcrest. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by January 5, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Grimes', with a long, sweeping horizontal line extending to the right.

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R603	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 12/06/2006
NAME OF PROVIDER OR SUPPLIER HILLCREST		STREET ADDRESS, CITY, STATE, ZIP CODE 1093 S HILTON BOISE, ID 83705		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on December 06, 2006.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Fire / Life Safety</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

43GB21

If continuation sheet 1 of 1



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Hillcrest Retirement Assisted Living	Physical Address 1093 S. Hilton	Phone Number 208-345-4460
Administrator Nathan Smith	City Boise	ZIP Code 83705
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 12-6-6

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	410.01	Written Agreement for Relocation. The facility does not have A written Agreement in place.	2-16-7 Completed 7/7/11	
2	410.02	Fire Drills. The facility did not conduct one drill per shift per quarter AS required.		
3	404.01	The North wing AND East wing stairwells do not have a source of heat. The sprinkler system in the stairwells is A wet type system. This condition poses A severe risk of the sprinklers to freeze. A provision shall be made to protect sprinklers from freezing.		
4	405.01.b	Extension CORDS AND multiple Adapters. Resident Room #120 had 3 multiple adapters AND 2 extension cords in use		

Response Required Date 1-6-7	Signature of Facility Representative <i>Daryl J. Baroch</i>	Date Signed
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